

THE DIURETIC ACTION OF FRESH THYROID JUICE.

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A YEAR ago my colleague, Dr. Sansom, requested me to graft a sheep's thyroid into a case of myxœdema, which was then under his care in the London Hospital. In doing this I departed from the ordinary method, for I split each gland, and before I fixed it in its new position I rubbed the glairy secretion which oozed from the cut section into the subcutaneous tissue. I was greatly surprised next day to find that the patient's temperature had risen from its habitual sub-normal level to normal, and that the amount of urine had increased from 20 ounces per diem to 50 ounces. As I could not be sure that this was due to the absorption of the free secretion of the thyroid, I determined to inject thyroid juice hypodermically in the next case of myxœdema I chanced upon. Dr. Sansom soon placed another patient under my care, and my house-surgeon (Mr. Yardley Mills) and I have carried out the hypodermic plan with very striking results.

We are inclined to believe from work which we have done in this direction that the theory of the action of the diseased thyroid gland is incorrect, and that the state known as myxœdema depends upon a perverted renal function. We find that the thyroid juice possesses a distinct diuretic action in diseases of the kidney, though apparently it is negative in healthy persons. Before submitting our patient and results to the Clinical Society we would wish that so simple an injection might be tried, in order that rebutting or confirmatory evidence might be brought forward at the same time. We cannot find any record of the function of the thyroid juice except "that it is quite unknown" (Landois); nor have we come across any intimation in the literature that it has been made use of as a diuretic in renal or cardiac disease, or in the treatment of myxœdema. We have lately learnt that Ewald¹ has asserted that an emulsion of the thyroid produces toxic symptoms. We have not encountered such.

The plan we have adopted is as follows: The urine having been measured and tested daily for a week, a sheep's thyroid, taken warm from the body of a carefully selected animal, is split, and ten drops of juice are mixed in a Koch's syringe with an equal amount of distilled water, and injected with aseptic precautions under the skin of the arm or shoulder blade. Some pain and slight swelling are sometimes complained of, but no inflammatory trouble has resulted. The urine increases in amount during the next day or the day after, and the effect in the myxœdema case continues for fourteen to twenty-one days.

SECTION OF OBSTETRIC MEDICINE AND GYNÆCOLOGY.

W. J. SMYLY, M.D., President.

Porro's Operation.—Dr. CLEMENT GODSON and Dr. JAMES MURPHY read the papers which are published at pages 793 and 795 respectively.—Dr. LEITH NAPIER said that as the most recent successful operator in London by the modified Säger-Cæsarean section, he ventured to congratulate Dr. Godson and Dr. Murphy. Porro's operation was much more frequently employed, because, as operators were nowadays familiar with hysterectomy, Porro's seemed a less difficult procedure. To contrast the advantages of Porro's over the Cæsarean operation, it was said that the former was more rapid. This was not necessarily the case. He would not enter on the details of his case, but it would be sufficient to say that from the beginning of the operation until the uterus was emptied of fetus, placenta, and membranes, and the cervix dilated, only six minutes elapsed; the other steps of the operation, including ligation and division of the tubes, suturing of the uterine incision and abdominal wall, took less than forty minutes. The anxiety connected with the *serre-nœud* was always present after Porro's operation, and until the freeing of the wire there was also a distinct risk of sepsis. Further, the shock following Porro's operation must be greater. Dr. Napier related the particulars of some recent

cases, and in conclusion, mentioned that, taking all circumstances into consideration, he must with his present knowledge, while expressing his admiration for the skill displayed by the readers of the papers, still say that he believed Säger-Cæsarean section the more scientific and the preferable procedure in suitable cases.—Dr. HEYWOOD SMITH thought that eventually Porro's operation would come into use instead of the Cæsarean section, inasmuch as the former could be done more rapidly; he was the more convinced of this as surgeons were gradually but surely progressing towards the intraperitoneal treatment of the stump in hysterectomy for fibroids, where they had to face all sorts of growths; it would more easily be taken up in cases of pregnancy where the conditions and relations of the part were similar in each case.—Dr. MURDOCH CAMERON said that he felt confident that Cæsarean section was for several reasons preferable to Porro's operation. No doubt once an operator had done either method with a happy result he would feel inclined to continue his practice. In either method early interference would secure good results, but once the various steps in the Cæsarean section were fully understood, no one would, he believed, hesitate to do it rather than resort to Porro's operation or craniotomy. He had operated twelve times, and might, therefore, call special attention to a few points. He urged first the importance of the early recognition of deformities, etc., and the proper preparation of the patient. This done, the onset of labour should be waited for, and whenever the os was about the size of a florin, the operation should be performed. On no account should the membranes be ruptured. Once the peritoneal cavity had been opened the assistant should not only hold the uterus in the median line, but should see that there was no twisting of the organ, as the opening in such a condition would not be made in the median line of the anterior wall, but nearer the lateral surface, and therefore more likely to be over the site of the placenta. In opening the uterus it was safer to make a very small incision to begin with until the membranes were reached, when the incision could speedily be extended upwards and downwards. The hand was then introduced under the head or to grasp the feet when the child was turned out of the uterus at the same time as the membranes were ruptured. Immediately the cord was cut, the placenta and membranes were removed, and the uterus turned out of the abdominal cavity. Much depended upon the manner in which the assistant grasped the empty organ to prevent loss of blood. Without delay the antiseptic silk sutures should be introduced as described in his paper on Cæsarean section published in the BRITISH MEDICAL JOURNAL. After the wound had been carefully sponged the ligatures should be tied, and if necessary for complete apposition of the lips of the wound, a few catgut stitches could be inserted. A large, flat, warm sponge was then placed over the uterus and compression applied, which speedily caused firm contraction. The Fallopian tubes were then ligatured. Before closing the abdominal wound, the cavity of the abdomen should be carefully examined and cleaned out. As regards the after-treatment, he only allowed sips of hot water for the first twenty-four hours, after which milk was added in increasing quantity. Small pieces of ice also were beneficial and much relished.—Dr. J. A. ROBERTSON asked if Dr. Macewen's suggestion (made in Berlin) to perform resection of the pelvis had been carried out in any case where the pelvis was contracted so much as to require Cæsarean section or Porro's operation.—Dr. HANDFIELD-JONES narrated a case of Porro's operation in which he had been obliged to operate owing to the presence of a large fibromyoma blocking the pelvic passage. In such instances it proved easy to terminate the labour and remove the tumour at the same time, and in such cases Porro's operation would always be superior to simple Cæsarean section.—The PRESIDENT did not consider Cæsarean section and Porro's operation to be alternative operations. The former should be performed unless there were special reasons for doing Porro, such as hæmorrhage, either *ante* or *post partum*, cancer, myoma, ruptured or septic uterus. A woman who wished to have children should not be sterilised since Cæsarean section could be repeated.

Tubal Gestation.—Mr. ALBAN DORAN read the paper published at page 789.—Dr. AUST LAWRENCE drew attention to the importance of early diagnosis in cases of tubal gestation,

¹ Clin. Trans., vol. xxi, sup. p. 74.